

Patient Received By: _____



Physician Contacted By: _____

Verified Not Verified

Date: _____ Time: _____



Hollywood Holistic A Private Collective Care



Patient's Information

Last Name: _____

Middle: _____

First Name: _____

Home Address: _____

Address 2: _____

City, State, Zip: _____, _____

Date Of Birth: ____/____/____ Phone #: (____) _____

CA Driver's License/ID Card No: _____ Expiration Date: _____

Prescribing Physician's Information

Physician's Name: _____

Address: _____

City, State, Zip: _____, _____

Phone #: (____) _____

Date Of Last Visit: _____ Date of Next Visit: _____

Medical Release:

I hereby Authorize my treating Physician, as required by State and Federal Laws including HIPAA regulations, to release my medical information concerning my diagnosis, condition, and/or prescription to Hollywood Holistic and its duly authorized representatives.

Patient's Signature: _____ Date: _____



Hollywood Holistic A Private Collective Care

Membership Agreement

As a qualified patient protected by California Law, Health & Safety Code §11362.5 and §11362.7, et seq., and, in conjunction with California State Senate Bill 420, you are required to read and agree to the following statements to become a member of Hollywood Holistic.

Please understand that these are for your protection, as well as ours. Please read the following statements and initial that you have read each where provided. Please sign the bottom of this form confirming that you read each of the statements and understand them.

1. I hereby declare that I am a qualified patient under CA H&S Code §§11362.5, 11362.7, et seq., and my doctor has recommended, prescribed and approved my use of medical marijuana. As per CA H&S Code §11362.51, I am legally able to use, possess, and cultivate cannabis for medical purposes. I understand that I am allowed to do so through safe and affordable access such as the type provided by Hollywood Holistic. I, therefore, designate Hollywood Holistic as my care provider for this purpose. In doing so, I agree to sign and follow all Hollywood Holistic rules and regulations regarding their services

Patient/Member Initials: _____

2. I further authorize Hollywood Holistic to create and/or assign agency rights in its own name for the purpose of growing medication and/or obtaining edible forms of medication for my benefit.

Patient/Member Initials: _____

3. I also agree to pay all personal out-of-pocket expenses and reasonable compensation for Hollywood Holistic's member services.

Patient/Member Initials: _____

4. I hereby declare under penalty of perjury under the laws of the State of California that a medical doctor recommended or approved my use of medical marijuana. I have been diagnosed for a serious illness for which cannabis provides relief.

Patient/Member Initials: _____

5. I hereby verify that I am a California resident and my personal medical marijuana will not be taken out of the State of California. I further verify and agree that my medical marijuana shall not be shared, sold, bartered, traded, exchanged or delivered in any other means to any other person.

Patient/Member Initials: _____





Hollywood Holistic A Private Collective Care



Membership Agreement

6. I hereby declare and understand that my contributions to Hollywood Holistic for and through prescribed medicinal products I may acquire from Hollywood Holistic are used to ensure the continued operation of Hollywood Holistic and that any said transaction in no way constitutes a commercial promotion or sale of any item.

Patient/Member Initials: _____

7. As a member, I hereby agree, appoint and designate Hollywood Holistic, and their representatives, as my true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medicinal marijuana. I understand that this means Hollywood Holistic will be required to purchase, possess, transport and distribute my medication to me as prescribed by my physician and I grant them the limited authority to do so. I further authorize Hollywood Holistic to share their primary caregiver status of my person in order to enter into contracts to obtain and/or allow growth/preparation of medication and edibles for my benefit.

Patient/Member Initials: _____

8. As a member, I understand that Hollywood Holistic has other members with similar Membership Agreements. I hereby authorize Hollywood Holistic to jointly possess the medical marijuana as described under this Agreement jointly with other Hollywood Holistic members under similar Membership Agreements. I agree the medicinal marijuana possessed by Hollywood Holistic at any time is the collective property of every patient who is also under this Membership Agreement and the care of Hollywood Holistic

Patient/Member Initials: _____

9. I agree to possess my original, or a true and correct copy, of my prescription when I am on Hollywood Holistic property. I understand that my failing to do so may result in refusal of services. I hereby agree to all future changes of these policies as the laws for safe access develop. I agree that any violation of the terms of this Agreement or any other club rules are grounds for immediate termination of membership.

Patient/Member Initials: _____

10. I agree to provide Hollywood Holistic with all changes in my contact information, diagnosis, or primary physician immediately.

Patient/Member Initials: _____

I hereby affirm that I read, understand and agree to the terms of the Hollywood Holistic Membership Agreement.

Patient's Signature: _____

Date: _____

